The widespread use of pediatric diphtheria, tetanus, and pertussis vaccines has led to a dramatic decline in pertussis. However, a resurgence of pertussis has recently been observed, particularly among adolescents and adults, now considered important sources of infections. The addition of an acellular pertussis component to the CDC-recommended diphtheria and tetanus adult booster vaccine could reduce the occurrence of pertussis. Although policy-makers will base their decisions on epidemiological, clinical, and ethical grounds, they may also require evidence of the economic value of this added component before formulating a final immunization recommendation. **OBJECTIVES:** To provide a preliminary assessment of the economic value of vaccinating all new parents (or guardians) at the time of birth of their first child. **METHODS:** A literature-based decision analysis was developed to estimate the clinical and epidemiological costs and benefits of this vaccination strategy. The model projects the number of—and the direct and indirect cost savings associated with—mild, hospitalized, and fatal clinical pertussis cases prevented in vaccinated adults and in non-vaccinated children (due to herd immunity). **RESULTS:** Our analysis suggests that such a vaccination strategy could prevent 12,000 to 28,000, mostly adult, infections and about 1000 hospitalizations annually. The results also indicate that vaccination may be cost-effective, with a cost per infection avoided ranging between $632 and $1318. **CONCLUSIONS:** The results of this analysis suggest that adult booster pertussis vaccination provides substantial economic and clinical benefits. Policy makers should not exclude adults from their recommendation considerations until more definitive epidemiological and economic data become available.

PHV18

SAFETY-NET HOSPITAL PERSPECTIVE: COST-EFFECTIVENESS OF TREATMENT FOR HEPATITIS C

Singer ME
School of Medicine, Case Western Reserve University, Cleveland, OH, USA

Studies have shown that combination interferon+ribavirin is a cost-effective treatment for Hepatitis C from a societal perspective. Safety-net hospitals are currently faced with the prospect of paying for an expensive treatment for their many patients who are unable to pay. **OBJECTIVES:** Examine the cost-effectiveness of alternative treatment strategies for Hepatitis C as it affects the safety-net hospital. **METHODS:** A Markov decision analytic model was constructed, using a reference case of a 45 year-old male with Hepatitis C, but without cirrhosis. The perspective adopted was a safety-net hospital. Two populations were examined: uninsured, and insured, but without coverage for combination interferon+ribavirin. Two strategies were considered: (1) CMB/G—Combination therapy for 6 or 12 months depending on virus genotype, and (2) IFN/CMB, a cost saving strategy that begins with 12 months of interferon monotherapy, followed by 6 months of combination therapy for interferon relapsers. Data came from prior publications. **RESULTS:** In the uninsured group, CMB/G cost an additional $10,700 per patient, with an incremental cost-effectiveness ratio(ICER) of $9600/QALY. Considering varying degrees of aggressive disease (i.e., progression to cirrhosis), the ICERs ranged from $6000/QALY–$12,100/QALY. In the underinsured group, CMB/G was associated with an additional cost of $13,100 per patient, with an ICER of $11,700/QALY. For very aggressive disease, the ICER for CMB/G dropped to $6900/QALY. For mild disease, the ICER for CMB/G rose to $15,100/QALY. **CONCLUSIONS:** Although ICERs would appear to be cost-effective from a societal perspective, this is less clear for hospitals. Cost-saving strategies, such as starting with interferon, and only giving combination therapy to relapsers may be a necessary option for the safety-net hospital struggling to find the funds to pay for treatment for their large, indigent population.

PHV19

IMPACT OF ANTIBIOTIC CHOICE ON COSTS, OUTPATIENT VISITS, AND 28-DAY OUTCOMES FOR COMMUNITY-ACQUIRED PNEUMONIA PATIENTS

Bell TJ[1], Mauskopf JA[1], Gallagher KM[2], L'Italien GJ[2], Anton S[2]
[1]Research Triangle Institute, Research Triangle Park, NC, USA; [2]Bristol-Myers Squibb, Wallingford, CT, USA

Antibiotics help reduce the economic burden of 600,000 annual hospitalizations and added outpatient visits and days missed from work, school, and other activities due to community-acquired pneumonia (CAP). **OBJECTIVES:** To compare costs, outpatient visits, and 28-day outcomes with gatifloxacin versus ceftriaxone among adult patients with CAP. **METHODS:** Data were collected on health care resource use from 287 inpatients with CAP randomized to receive initial IV therapy with either gatifloxacin alone (GAT) or ceftriaxone +/− erythromycin (CEF). After at least two days of IV therapy, patients could be switched to oral therapy with GAT (GAT arm) or clarithromycin (CEF arm) at the treating physician's discretion. Total costs, which include medication, outpatient, and hospital costs, and the number of outpatient visits and days missed from work, school, and other activities were calculated. The analysis was limited to clinically evaluable patients. **RESULTS:** A total of 205 patients were clinically evaluable (99 GAT, 106 CEF). The mean total cost for the GAT arm was less than the CEF arm ($5665 vs. $6469; $P = 0.149$). The mean total cost for patients admitted to the ICU was lower for patients.